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ABSTRACT

This report summarizes the results of the start-up phase of the Chilliwack Community Services Child Care Support Program, which tests ways of improving accessibility, quality, and accountability in British Columbian child care programs in which licenses are not required (LNR). Twenty-seven Child Care Support Programs in British Columbia completed a survey to identify current standards and policies and five key informants participated in interviews. Results of the provincial survey indicated that common standards included a reference check, doctor's signature, home visits, criminal reference checks, insurance requirements, personal assessments, a discipline contract, contracts with agencies to provide service, membership fees, a commitment to training, and First Aid training. Programs identified lack of consistent program standards and policies, registration requirements, and the lack of provincial standards and policies as barriers to registration. Results from the key informant interviews revealed that the relationship between parent and provider was a key quality indicator in the LNR sector. Health and safety standards were seen as essential to a quality arrangement. Components of a good registration model included a built-in support system for caregivers, registration incentives, career path opportunities, and marketing assistance. Respondents recommended the Family Day Care Early Childhood Rating Scale, a parent/provider survey, and case studies to assess program quality. A literature review provided a theoretical basis for developing and evaluating standards for LNR family day care, and considered informed parental choice; an accreditation system for providers; evaluation of program quality; and the need to respect family lifestyles. (Contains 33 references.) (KDFB)

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Chilliwack Community Services

Strategic Initiatives Registration Project

Start Up Phase - Summary Report

July 1996

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Introduction

The Chilliwack Community Services Child Care Support Program has been jointly funded by the Ministry of Women's Equality and Human Resources Development Canada through the Strategic Initiatives Program to test a proposed model of registration with licensed not required (LNR) providers. The purpose of the pilot is to test new ways of improving the accessibility, quality and accountability in the LNR sector and improve service responsiveness and inclusiveness.

The goals of this pilot are to:

- i) develop a voluntary process of registration which promotes quality inclusive child care,
- ii) evaluate the quality of LNR care and determine the impact of registration standards on quality and accountability,
- iii) establish a mechanism for administering the infant/toddler grant locally, and
- iv) communicate the process, products and findings of the pilot with participants, CCSPs and the province.

The start up phase of the registration project included the completion of a provincial survey of all Child Care Support Programs to determine what standards and policies are currently in place for the purposes of registering LNRs. It also included the completion of a literature review of accreditation and evaluation in Family Day Care and key informant interviews. The purpose of the review and interviews was to offer a theoretical basis for developing and evaluating standards and to advise the development of the registration model.

This report provides the findings from the provincial survey, key informant interviews and the literature review. Standards and policies for registration will be produced based on the findings contained within this report and through the input of the Chilliwack Registration Advisory Committee during Summer and Fall of 1996.

Part I - Summary of Survey Findings

In April 1996, Chilliwack Community Services developed and distributed a informational survey to the 33 Child Care Support Program throughout the province to determine what standards and policies existed in the registration of licence not required providers. Of the 33 agencies surveyed, 27 responded, a response rate of 82%.

All 27 CCSPs reported a standard for initial home assessments which included a reference check, doctor's signature, either announced or unannounced home visits and criminal reference checks. Other standards frequently reported by CCSPs were an insurance requirement (25), a personal assessment (23), a discipline contract (22), a contract with the agency to provide service (20), a membership fee to the CCSP (20), a commitment to training (18), and previous training - First Aid (18). CCSPs less frequently required TB tests (14) and registration fees (12).

CCSPs were also asked which standards and policies they had in place in a number of specific areas. Standards were defined as statements which identify the required level of service, while policies were described as philosophical principles and operating procedures. Some CCSPs reported standards for the removal of a caregiver, the refusal of a caregiver, reinstatement, training requirements, and an appeal process. Chart I on the following page provides a summary of the number of programs with established standards and policies for administration in specific program areas .

Chart I - Standards and Policies

	Standard	Policy
1. Removal of Caregiver	19	19
2. Refusal of New Caregiver	18	18
3. Reinstatement	16	15
4. Training Requirement	16	16
5. Appeal Process	14	16

A third area of the survey examined registration issues and barriers to registration. Programs identified the following as barriers to registration: the lack of consistent program standards (14) and policies (11), registration requirements (13), the lack of provincial standards and policies (11).

Part II - Key Informant Summary

Five key informants were identified and interviewed for this project. Informants were selected based on their current research and/or knowledge specifically relevant to quality, accreditation, informal child care and/or family child care. All but one key informant had a child care background.

A standard interview schedule was developed for interviewing all informants from the child care sector (Appendix I). Key informant questions were developed to augment findings from the literature review and examined the following areas: key indicators of quality relevant to the LNR sector, qualities in an LNR situation sought by parents, essential standards, qualities of a registration model, meaning and process for

informed choice and recommended tools for assessing quality. A list of key informants can be found in Appendix II.

Key Quality Indicators Relevant to LNR

Informants most frequently identified the relationship between parent and provider as a key quality indicator in the LNR sector. The need for compatibility, "like mindedness" or similar values and beliefs between parents and providers helps to promote a comfortable, responsive, accepting environment for all participants. Quality is impacted by the provider's and parent's ability to build positive, trusting, open relationships; their ability to work openly and honestly with each other; and their ability to take responsibility for setting and communicating boundaries. An example offered by one informant suggested that, providers may need to be clear about pick up times to ensure that their personal and/or family time is respected, while parents may need to set boundaries around home activities such as television. Setting, communicating and following through on boundaries are essential to good relationships but can often be challenging for caregivers and parents as relationships are complicated by the interdependent relationship between parents and providers and the financial implications of a parent/provider relationship.

Assisting parents and caregivers through mediation and skill building in communication and feedback were seen as critical roles for the child care support consultant. Ongoing training opportunities for providers and parents in communication and negotiation could also contribute to positive relationships and quality child care.

Two of the informants emphasized the importance of provider "connectedness" and support. Quality of care could be improved through reducing provider isolation and facilitating ongoing supports for the provider. Supports can be informal through the use of neighbours, older siblings and spouses who provides back up and/or assistance or more formalized supports such as provider networks, drop ins, etc.

Quality can also be enhanced in the LNR sector when the provider intentionally chooses to deliver child care, takes her work seriously and is interested in learning new and creative ways to work with children and families. She/he must like working with children and be responsive to children, follow the child's lead, provide appropriate verbal exchanges and developmentally appropriate activities. Finally, the provider's ability to manage a safe environment both physically and psychologically are critical to quality.

Based on preliminary findings from the Oregon Child Care Research Partnership project, two key measures seem to be important to quality in the informal sector, those are that the:

- i) caregiver is open to new information and learning, and that
- ii) the caregiver seems happy and content.

What Parents Look For When Choosing An Arrangement

Informants identified a number of qualities that parents seek in a caregiver arrangement, however respondents most often identified parent/provider and provider/ child compatibility. Parents may look for someone who has a similar attitude or approach to child rearing as themselves and individuals who are warm and non-judgmental. One informant suggested that parents look for caregivers who can replicate the child's home environment and experiences.

Other considerations include, the convenience of the caregiver location - typically in the child's own neighbourhood, the caregiver's dependability and availability, previous experience working with children, use of a variety of equipment and the caregivers willingness and ability to access community resources.

Essential Standards

Health and safety standards were identified as essential to a quality arrangement by all respondents. Some respondents identified nutrition as well as medical and criminal reference checks for all family members within the caregiver's home as part of a health and safety standard.

Second, respondents identified the need for standards around program planning and the use of indoor and outdoor space and equipment. In terms of planning, caregivers must have an image of how the day will unfold and what activities will occur each day. This does not necessarily mean a written posted schedule as one might find in a child care centre but that the caregiver has a plan in mind for the days activities.

Third, limiting the number of children cared for by one caregiver was identified by some respondents. While there was no agreement on the actual limit to the number of children cared for there was support for such a standard to be regulated. Finally, a process for parents to observe the caregiver interacting with children and an opportunity to check references from people who have been in a position to observe the caregiver with children were seen as essential standards.

Components of a Good Registration Model

A good registration model ensures a built in support system for caregivers which not only provides resources, training and information but acts as an advocate for the caregiver in wage and labour issues. It should also offer ways for caregivers to set up networks who wish to build personal support networks. It offers incentives to caregivers to register and provides potential career path opportunities. For example a registered caregiver may become a support mentor for a group of new caregivers, work in a child care support program, or act as a mediator for parents and other caregivers. Registration models should help market information to parents and caregivers and should ensure a broad supply of potential caregivers from which parents can choose.

There is also a need for registration models to develop a systematic approach to informing parents and caregiver of standards, providing a mechanism for self monitoring of standards and ensuring a process of complainant which is separate from the support personal. In addition, it should establish a process for withdrawing services of a caregiver who does not adequately meet standards.

Focusing on the neighbourhood and the natural supports that can be provided from the grass roots rather than a “top down” or central authority imposing regulation is a preferred method for facilitating quality in the LNR sector.

Informed Choice - What It Is and How It Occurs

Informed choice requires that individuals have a knowledge and understanding about “real” choices and that information is accessible and meaningful and that individuals have a range of options (e.g., resources exist in the community, parents are aware of them, know how to use them and can access them).

Informed choice on the part of the parent occurs when parents are present and able to observe interactions. Parents must also have a range of information and the opportunity to make comparisons.

Tools to Assess Quality in LNR Sector

To assess quality in the LNR sector three recommendations were made by respondents. For quantitative evaluation the Family Day Care Early Childhood Rating Scale was suggested. However, some respondents did feel that this tool was lengthy and may be complex for self monitoring. To supplement information gathering from a qualitative perspective, respondents recommend a parent and provider survey developed with caregiver and parent input. Thirdly, the use of case studies to document provider/parent perspectives was considered a value tool.

Part III - Accreditation and Evaluation in Family Day Care: A Review of the Literature

Background

In the past decade there has been a shift in concerns over whether children should be cared for outside of the home to the quality of care (Bredekamp & Glowacki, 1996). There are several different ways of regulating the quality of care. These methods could be viewed as on a continuum from most to least regulated (Morgan, 1980). The method with the most government or agency involvement is licensing. The term "licensed family day care" is used to describe a home that has met a set of criteria prior to the placement of children and that is supervised by an outside agency. In British Columbia, this type of family daycare would be licensed under the Community Care Facilities Licensing Act. A license is not required (LNR family day care) if the provider limits caregiving to two children in addition to the children in the family (note: more than two children are permitted if they are a sibling group).

Another way of helping parents to determine the quality of care is through the accreditation of family day care providers (Modigliani, 1990). Accreditation is defined as "to provide with credentials" and "to recognize or vouch for as conforming with a standard" (Webster's New Collegiate Dictionary). With this method, the practices of the day care provider are evaluated within the environment of the family day care home; and, if the provider meets the required standards, a credential or certificate is awarded (Modigliani, 1990; Deller, 1988). This method is usually used to identify standards that are higher than the minimum standards required by a government agency (Modigliani, 1990).

Registration with a central authority, such as a government agency, is often used along with accreditation to provide more assurance of the quality of care. Registration as a family day care is considered to be different from licensing because registration is self-monitoring and a pre-service investigation is not required (Deller, 1988). However, the caregiver may receive some screening (e.g. criminal record check, health and safety). There is a growing interest in using registration because of two factors: (a) the cost of supervision for licensed programs (Sale, 1984); and (b) the movement by governments toward deregulation (Bredekamp & Glowacki, 1996; Sale, 1984).

Perspectives on quality

The Canadian Child Day Care Federation presented a National Statement on Quality Child Care in 1991. Quality child care was defined as “the combination of good personal relationships between the provider and children and their parents, compliance with standards and a willingness to learn and grow” (p.16). This definition of quality is consistent with Class’s (1977) view that the key concern of family day care is “the nature of the interaction between the caregiver, the child, and the parent”(p.49). Morgan (1980) stated that “the most important ingredient in successful child care is *trust* between both parent and caregiver and child and caregiver”(p.83). Both Class and Morgan wondered , however, whether this essential element in quality care can be regulated.

The interactions among parents, providers, and children can be explored through the use of an ecological approach. Bronfenbrenner (1977) conceptualized the ecosystem as a “nested arrangement” with the microsystem at its core. The microsystem contains the relationship between the person and the immediate environment; for example, the child within the family day care home. The next layer, the mesosystem, represents the inter-relations of the different settings; such as the relationship between the parent and the family day care provider. The exosystem, which is the third layer, encompasses factors which affect the individual but are outside the immediate setting. An example of an exosystem factor would be government policies regarding family day care. The macrosystem gives meaning to the previous three levels in that it is concerned with values and beliefs; for example, society’s beliefs about providing quality care for young children.

Pence and McCallum (1994) suggested that it is time for researchers to move on to exploring “quality perspectives” rather than trying to determine “quality universals” (p.121). They stated that:

Such a transition requires movement away from the ever finer measurement of micro-system environmental variables to an awareness and appreciation of quality care perspectives as held by an expanded reference group, including not only caregivers, parents, and children, but also employers, elected officials, licensing officers,

opinion leaders and others in the meso-, exo-, and macro-systems of the child care ecology. (p.121)

Katz (1993) also recommended the use of different perspectives to study quality in early childhood programs. Katz identified five perspectives and developed research questions relevant to each of these perspectives.

1. Top-down: refers to factors important to the quality of the program, such as equipment and setting. e.g. "qualifications and stability of the staff" (p.2).
2. Bottom-up: encompasses the experience of the child in the program. e.g. "Do I usually feel accepted, understood, and protected by the adults, rather than scolded or neglected by them?" (p.3).
3. Outside-inside: the experience of the family in the program. e.g. "In my relationships with staff, are the staff ...respectful of my goals and values for my child?"(p. 6).
4. Inside: the experience of the staff in the program. e.g. "On the whole, are the relationships with my colleagues...cooperative rather than competitive?" (p.7).
5. Outside: the program in relation to the community or society. e.g. "Are high quality programs affordable to all families in our community who need the service?" (p.9).

Katz' variables in the top-down perspective would be consistent with those found in the microsystem, if the ecological approach was used. The bottom-up perspective, with its emphasis on the experience of the child, also explores an aspect of the microsystem. Both the outside-inside and the inside perspectives could be considered as part of the mesosystem in that they focus on the relationships among the parents and the caregivers. The final perspective, the outside perspective, would be concerned with exo- and macro-system variables.

Accreditation and registration

This review will explore the use of accreditation in License Not Required (LNR) family daycare homes. Because registration is often used along with accreditation, Sale's (1984, p.34) quality indicators for registration will be used as a framework for this review. Sale felt that the use of a

registration system would have an impact on the quality of the family day care in these areas:

1. "informed parental choice"
2. "support for family daycare providers"
3. "respect for family life-styles in children's programming"

The concept of informed parental choice will be examined because, in LNR day care, parents are responsible for monitoring the care of their children on a day-to-day basis. It is argued that parents may need support (e.g. education about standards and consultation in decision-making) to be effective in this role. The parent's perspective regarding the quality of care will be considered in this section. Lerner and Phillips (1994) emphasized the significance of the parent's perspective:

In contrast to professionals, parents want assurances that their individual child's experiences will be safe, pleasant and developmentally sound. The critical difference between parent and professional perspectives on child care is that parents are seeking a child care arrangement that will meet the needs of their own child and family; they bear no broader responsibility for the child care field. They need only find one arrangement; but their stake in the quality of that arrangement is immense (p.46).

This section will also look at the perspective of the child in relation to the quality of care. With young children, Langsted (1994) suggested that parents learn how to pay attention to the needs that the child is expressing about day care.

The support that a registration and accreditation system can offer providers will also be reviewed. The regulation continuum for family day care will be examined, from simple registration to deregulation. Methods of evaluation and accreditation, registration processes, and standards for quality care will be presented in order to identify the key components in an accreditation program for LNR providers. What kinds of supports do providers want and need to be successful in the profession? In this section, the provider's perspective will be discussed. Exosystem influences (e.g. government regulations) will also be explored.

The final area to be reviewed, family life-styles in relation to family day care, is included because of the unique nature of this type of care. Is family day care an extension of the family or a small home-based business? Should the provider be viewed as a parent or as a teacher; and, are these roles mutually exclusive or do they complement each other (Kontos, Machida, Griffin & Read, 1992)? The beliefs of the provider will affect the development of effective training programs (Howes & Sakai, 1992). These values and beliefs about the nature of family daycare reflect perspectives on quality at the macrosystem level.

LITERATURE REVIEW

Parents, providers, and those who provide support services all approach family day care with the desire to provide the best care for the developing child. There may, however, be different perspectives on what is necessary to ensure quality care. Using Sale's (1984) quality indicators as a framework, these different perspectives will be explored.

1. Informed parental choice

Informed parental choice is based on the legal concept of informed choice/consent; that is, parents have both the right and the responsibility to make decisions about the care of their children (Simpkin, undated). The ability of parents to make choices would be enhanced through consultation with people who have knowledge and experience in the area of early child care and information about standards of quality care. Morgan (1980) suggested that parents should be viewed as partners working with the government agency to ensure that the family day care is providing a positive experience for the child.

Deller (1988) presented a comprehensive literature review of international family daycare for the Ontario Ministry of Community and Social Services. In this review, Deller discussed the different ways in which parents are involved in family day care. In countries which use an "egalitarian/social democracy/interdependence" approach (p.15) (e.g. Sweden, Finland, Denmark, France), there is "a sense of the government sharing responsibility with parents for childrearing by providing high quality care"(p.19). Parents are involved in making decisions about policies ; for example, through parent advisory councils. In countries with a "libertarian/free enterprise/traditional family" approach (p.22) (e.g. West Germany, Netherlands, United States, Canada) parents are seen either as welfare recipients or as participants in self-support efforts. Canada and the United States differ from the other countries in this category in that both Canada and the United States have large federal governments. According to Deller, parents in these countries are viewed in four different ways: "as consumers and as welfare recipients, as well as advocates and decision-makers" (p.30). Because parents are viewed as consumers, there is an emphasis on providing education for making

choices. Deller suggested that parents in the two countries differ in that parents in Canada seem to view the regulation of family daycare more positively .

Sale stated that when the process of registration is used to regulate family daycare, " a community education campaign to raise consumer rights and responsibilities " is usually also employed (Sale, 1980; from Sale, 1984, p.36). In British Columbia, the Ministry of Women's Equality provides several pamphlets with information for parents about child care. For example, "What to look for when choosing child care" describes some of the key elements of quality child care, such as health and safety, staffing and programming. These indicators of quality are generic in that they can be applied to centre-based care, licensed family daycare, and LNR family daycare. However, parents are also given information on the differences among the types of care and where to go to find out more about their choices in child care. Parents throughout the province have access to Child Care Support Programs which have registries of licensed and LNR family daycares.

In Ontario, the Ministry of Community and Social Services produced A Child Care Guide For Home Caregivers, (1990) a 152 page guidebook which acts as a reference book for providers with information on health and safety, child development, community resources, business aspects of family day care, and licensing. Another guidebook, The Guide to Home Daycare for Parents and Caregivers, (no date) includes checklists to be used in selecting day care homes and sample questions to use in interviewing providers. These publications could be used to help parents learn about standards for family day care so that they are able to both select and monitor the day care.

Parents who use LNR family daycare in British Columbia have the responsibility for monitoring the care of their children (Deller, 1988). A guidebook, Parents Guide to Selecting Child Care: Selecting and Monitoring of Licensed Child Care (1994), is available to help parents learn how to monitor their day care arrangement and informed parents may be able to assess the quality of care on a day-to-day basis. Problems, however, can lead to disruptions in care and perhaps both the problems and the disruptions could be reduced through an adequate public system

of monitoring (Cooke, 1986; from Deller, 1988). According to a national daycare study (Lero, 1985; from Deller, 1988), one of the actions that parents wanted from government was a system for monitoring caregivers. Based on her review of the literature, Deller (1988) concluded that there was a need for government regulation in order to ensure greater accountability, accessibility, and quality of care.

The debate about regulation hinges on two key questions (Deller, 1988):

1. Who can best determine quality care: parents or the government?
2. Are family day care providers independent professionals or an extension of the family?

These questions will be explored further within this review.

2. Support for family daycare providers:

For family daycare providers, accreditation can (Modigliani, 1990):

- increase their understanding of quality standards of care
- encourage professional recognition
- provide an incentive for improving practices
- increase commitment
- help them develop a network of support among family daycare home providers

First, the requirement of minimum standards of care educates the caregivers and provides a baseline for working towards higher quality (Deller, 1988). If a provider is motivated, an examination of the standards can lead to self-evaluation and identification of areas for improvement (Modigliani, 1990). The provider could then receive recognition of these efforts to improve through accreditation.

Second, the provider is viewed as a professional providing a service needed in the community (Deller, 1988). If registration is used along with the accreditation program, the caregiver would benefit by the increased accessibility to the service by parents (i.e. through the registry of family day care homes).

Third, accreditation acts as an incentive to improve practice in that family day cares with accredited providers may be more likely to be chosen by parents. There are also incentives for the providers if they become associated with a community agency. The agency may provide support and resources to enhance the delivery of service for the family day care (Morgan, 1980).

A fourth point is that the provider may develop a greater commitment to the field because of both the effort to meet the standards and the benefits of being part of a community service. Class (1977) identified the transitory nature of family day care as one of the problems associated with this type of care. Providers who offer LNR care may be less committed to the field in that they have not participated in the licensing process.

And, as a last point, the greater visibility of the service can also assist providers in developing a support network with other providers. Social invisibility is another problem that has been identified for family day care (Class, 1977). A registry of providers helps to bring the service out into the open; and, with the support of a community agency, these providers may be able to form networks. Deller (1988), in an international review, found that regulations sometimes preceded the formation of organizations of providers. However, these organizations were then able to go on to improve the quality of family day care in areas such as wages, adult/child ratios, and support services.

Regulation of family day care can be seen as occurring along a continuum from the most formal method to the least formal (Morgan, 1980). A review of each of these methods provides a basis for comparison and evaluation. The methods include:

- Licensing
- Enabling registration
- Directing registration
- Registration with public education
- Accreditation
- Deregulation

Licencing

Licensing has been described as the most common method of regulation for family day care (Deller, 1988). Standards of care are established and the provider must meet those standards before being permitted to provide care. In Quality Control: A manual for self-evaluation of a day care agency, Campbell (1987) states the criteria for a standard: (a) "it must be measurable in some way either through observation, inspection or testing"; and (b) "there must be unanimous agreement of participants" (i.e. parents, staff, and administrators)(p.12). A comparison of the assessment standards for Alberta, Manitoba, and British Columbia is presented in Table 1.

Table 1
STANDARDS OF CARE

ASSESSMENT STANDARDS	BRITISH COLUMBIA	ALBERTA	MANITOBA
Medical	required	required	n/a
Age requirement	19 years	18 years	adult
Criminal record check	required for any adult that is present when children are in attendance	recommended; also recommended for other adults and children over 12 years in the home	required
References	3 character references	2 independent references	2 personal references
Safety	written plans for fire drill; practice emergency drills	written emergency plans	inspection of wood stoves
First aid certificate	required	required	required within 6 months
Immunization	required	recommended	n/a
TB testing	required	recommended	n/a
Health	program for children to practice health and hygiene	knowledge of health standards and infection control; inspected	guideline to maintain a healthy environment; inspected
Individual training plan	statement of relevant experience and qualifications; no training	required; completed by home visitor; includes pre-service and in-service training	participation in training may be required, based on personal assessment
Monitoring and support	n/a	one 45 minute visit/mo.; phone contact; consultation; resources; info.; training	n/a

Inspection	inspection prior to licensing; may be inspected at any time after licensing	safety inspection prior to licensing; twice/year; detailed descriptors, e.g. use of approved cribs, first-aid materials	health and safety inspection prior to licensing; inspection with yearly license renewal
Home study	n/a	must include two home visits and one office visit: discuss standards, assess home (including other family members), physical environment	personal assessment: assesses abilities in working with children; safe environment
Developmentally appropriate practice	provide a program of activities: developmentally appropriate; conforming to standards (detailed descriptors: physical, social, language, emotional development)	detailed descriptors: e.g. warm manner; communications skills; accept individual differences; support parents; knowledge of early childhood; flexible, creative, energetic	broad guidelines are given; e.g. promote physical, intellectual, social and emotional development; positive relationships with parents; respond to individual needs
Child abuse	licensee must ensure child is not subjected to abuse	recommended: providers should be made aware of the need to protect children	n/a
Adult/child ratios	max 7, with no more than 5 preschool, 2 under 2 yr, 1 under 1 yr	max. 6 children, with 3 under 3, 2 under 2 yr.	max. 8 children, with no more than 5 under 6; no more than 3 under 2
Space	indoor play area; provision for outdoor play	adequate space for developmental needs	n/a

Manitoba (1986) and Alberta (1989) were chosen for comparison with British Columbia because of their proximity to British Columbia and because of the contrast in regulations between Manitoba and Alberta for licensed family day care. Alberta makes more demands on the providers than Manitoba but Alberta also provides more support to providers. In particular, the home visit system used by Alberta provides opportunities both for monitoring the quality of care and for modelling appropriate practices. This system is individualized to meet the needs of the providers through the individual training plan that is developed for each provider.

Health and safety are often considered as essential areas to monitor in day care homes. Morgan (1980) recommended that the health and safety requirements for a day care home should be the same as a home. At first glance it would seem that the standards for all three provinces exceed those that would be found in a home. An examination of some of the details, however, seem to provide evidence that the standards in day care homes are consistent with those to be found in a home with vigilant parents (e.g. crib size; knowledge of infection control). The difference is in having an outside agent come in to inspect the home and evaluate the provider.

Those in favour of licensing are able to base their arguments on research which has determined acceptable standards for quality of care in the areas of adult/child ratio; use of child-appropriate space; training; and support services (Lero & Kyle, 1985; Stuart, 1983; from Deller, 1988; and Stuart & Pepper, 1988; Howes, 1983; and Pence & Goelman, undated; from Doherty, 1990). For example, Howes (1983; from Doherty, 1990) found that providers who cared for smaller groups of children were more responsive, facilitative, and positive in their interactions. Howes also found that a child-designed space was significant in predicting that caregivers would provide less restriction of activities and more positive affect.

The arguments against licensing are that it is inefficient and unnecessary (Deller, 1988). Licensing is inefficient because of both the difficulty of providing monitoring and support in these circumstances and the costs associated with the services. And, licensing is unnecessary government interference in a family arrangement. Emlen (1973, from Morgan, 1980)

described family day care as a “natural helping network”; and he suggested that licensing might actually reduce quality because of licensing’s inherent institutionalization of child care.

Registration

One method of regulation that has been used to address the arguments against licensing is registration. Registration may include requirements for meeting some standards; for example, the provider may need to have a criminal record check ,TB test, and make a statement regarding health and safety (Sale, 1984); however, a pre-service inspection is not required. Morgan (1980), suggested that the costs associated with a registration program would not necessarily be lower than licensing because registration may actually identify more homes. Also, Deller (1988) cautioned that one state (Massachusetts) is returning to the method of licensing because of concern that there is a lack of control over quality when registration is used.

The main features of registration include (Morgan, 1980; from Deller, 1988):

1. There is a central registry of names of providers.
2. Providers are given information on standards.
3. Providers must complete a self-evaluation form.
4. Parents are given information on standards for family day care.
5. There are random checks for compliance.
6. There is a response to non-compliance.

Morgan (1980) described three ways of using registration: (a) enabling registration to occur, (b) directing registration through regulation, and (c) using a simple form of registration while focussing on educating the community. The first method, enabling registration, will be discussed in the most detail because support for family day care homes is included in this approach. The use of regulation to direct registration is described as the same, in essence, as the first method except that registration is mandatory. With the third method, a simple system of identifying family day cares is used, without requirements or supervision.

Enabling registration is, in effect, the same as licensing except for the pre-service inspection (Morgan, 1980). The government agency determines the standards and the provider attests that there is compliance. A copy of these standards is given to the parents along with the complaint procedures. Parents are considered to be partners in monitoring the quality of care. Random checks are conducted, and inspections will also be made if requested by either a provider or a parent. Also, if questions arise based on the self-evaluation used by the providers, the government agency could follow up with a visit. If there are no problems, a "certificate of registration" would be issued. Morgan cautioned that it would be important to educate the public on the differences between licensing and registration.

Morgan also offered suggestions on ways in which this registration process could be enhanced:

- office interview at the time of registration
- detailed records of the family day care
- use of the media to provide education
- group instruction of providers and parents
- a newsletter
- home visits for individualized training

Some of Morgan's recommendations are consistent with those used in licensing. For example, home visits for individualized training are used in Alberta licensed family day cares; a personal assessment interview is conducted in Manitoba; and literature about child care choices is available for parents in British Columbia. The key difference is that supervision is not required with the method of enabling registration.

The issue of supervision is important in considering liability for the regulating agency. The Ontario Ministry of Community and Social Services (1989) developed guidelines for registry services regarding liability. They advised that registries should not: (a) provide supervision or inspection of day care homes; and (b) offer an assessment of the quality of the homes. The emphasis should be on educating parents and reinforcing the responsibility of parents for informed choice.

Accreditation

With accreditation, the government agency describes the competencies that are required for the day care provider rather than setting the standards for the day care home (Morgan, 1980). This method of credentialling the provider is sometimes used in connection with other methods of regulation, such as registration (Deller, 1988). The term *accreditation*, however, is also used in relation to programs (e.g. NAEYC standards for accredited early childhood programs). There is some discussion in the literature regarding "How high should accreditation standards be" (Modigliani, 1990, p.19). Modigliani reviewed several instruments designed for assessing family day care and all had standards higher than those required by licensing. As the National Association for the Education of Young Children's (NAEYC) accreditation committee developed standards for early childhood programs, they wondered whether or not member programs would be able to meet the standards (Bredecamp & Glowicki, 1996). Some of the key elements in the NAEYC accreditation process include:

- self-paced study
- both internal and external perspectives in validation
- the requirements should be weighted, with an emphasis given to observed factors (e.g. teacher-child interaction) rather than traditional factors such as adult-child ratio
- 100% compliance unnecessary for accreditation

Bredecamp and Glowicki also identified problems that the NAEYC has encountered: (a) managing a system in which it is difficult to control enrollment; and (b) ensuring consistency in decision-making within a diverse system.

One way of establishing consistency is through the use of an instrument that recognizes the difficulties inherent in the accreditation process. Modigliani (1990) presented five different approaches to assessing quality in family day care homes. First, Modigliani included two instruments used for evaluating family day care homes: Louise Child Care's Home Based Day Care Evaluation (Louise) and The Harms-Clifford Family Day

Care Rating Scale (FDCRS). Modigliani also presented two instruments used for accreditation: the National Association of Family Day Care Accreditation (NAFDC) and the Dallas Accreditation. Finally, the Child Development Associate Credential (CDA) is also included. The components of the five instruments were compared in detail across ten categories:

- personal and social development and provider interaction
- cognitive development
- language development
- creative development
- physical development
- health and safety
- nutrition
- family support and interaction
- professionalism

Modigliani (1990, pp. 16-17) also discussed the pros and cons of each of the instruments. A brief summary of Modigliani's conclusions is presented in Table 2 to provide an overview of the effectiveness of administering the different instruments.

Table 2
Evaluating Family Day Care

CHILD DEVELOPMENT ASSOCIATE	
Pros	Cons
♦ most comprehensive description of quality; useful for training	♦ some criteria hard to assess; evaluators need understanding of child development
♦ identifies developmentally appropriate practice	♦ training and support needed; high level of literacy required
♦ considers needs of infants and toddlers	♦ school-age not included
NATIONAL ASSOCIATION OF FAMILY DAY CARE	
Pros	Cons
♦ objective definitions of behavior	♦ limited assessment of provider's facilitating play
♦ defines moderate level of quality	♦ providers can achieve accreditation but fail to meet some important criteria (criteria need to be weighted)
♦ recognizes providers who have high quality interactions with children (rather than acting as traditional teachers)	♦ does not differentiate between moderate and high quality care
DALLAS ACCREDITATION	
Pros	Cons
♦ clearly defines high quality; easier to administer; cost effective; highly correlated with FDCRS	♦ does not differentiate between moderate and high quality
♦ parent evaluators are not needed	♦ designed for Dallas area
♦ includes school-age children and multicultural learning	♦ omits non-sexist learning

LOUISE CHILD CARE HOME BASED DAY CARE EVALUATION	
Pros	Cons
♦ simplest to use; cost effective	♦ not intended for use in accreditation
♦ describes three levels of care: Basic Care, Intuitive Care, and Informed Care	♦ does not thoroughly assess different areas of development
♦ focus is on quality of provider-child interactions	♦ assumes that other requirements for licensing have been met (e.g. health, safety)
HARMS-CLIFFORD FAMILY DAY CARE RATING SCALE	
Pros	Cons
♦ differentiates high quality care	♦ provider must act as a "teacher" in order to score high on some items
♦ includes children with special needs and toddlers; quick and cost effective	♦ limited assessment of facilitating and extending play
♦ can also be used for self-evaluation	♦ adapted from the Early Childhood Environment Rating Scale rather than designed for Family day care

The CDA credential was included in Modigliani's review because it has had an influence on the development of the other instruments. The CDA now has two options: (a) direct assessment based on previous experience and training (i.e. 480 hours of experience and 120 hours of training); and (b) a professional preparation program which has a one-year training program in addition to the basic requirements. Problems with the CDA include: (a) cost (\$1500US); (b) recognition by licensing agencies; and (c) availability of appropriate college programs (Kontos, Machida, Griffin, & Read, 1992). The NAFDC has a lower cost (i.e. \$250US) but it has had

similar problems in achieving recognition to be used for licensing (Kontos, Machida, Griffin, & Read, 1992).

Clifford, Harms, Pepper, and Stuart (1992) identified four questions to be considered in assessing day care homes: why, what, who, and how. For example, was the provider doing an assessment for personal interest or to achieve a credential? Clifford et al pointed out that if the assessment is to be used for licensing or registration, an instrument with recognized reliability and validity should be chosen [Note: A test is reliable if the results are consistent at a different time or place or with a different person administering the test. Validity refers to the ability of the test to measure what it sets out to measure (Wade & Tavris, 1993)]. In their review of the five instruments discussed previously in this paper, the Harms-Clifford Family Day Care Rating Scale (FDCRS), achieved the highest rating overall. Clifford et al noted the the FDCRS has high internal consistency and inter-rater reliability; high content validity and concurrent validity; but unknown predictive validity. The NAFDC and CDA instruments do not have data on reliability; however, they have good content validity. The Dallas instrument had "promising" inter-rater reliability and good content validity; and the Louise instrument was described as having unknown reliability and validity for the new 1988 version but good inter-rater reliability and content validity for the earlier version. In their discussion of who should do the assessment, Clifford et al stressed that it was important for validators to be trained in observation and interviewing techniques. And, finally, in considering how assessments should be conducted, Clifford et al reminded assessors that "Objectivity of rating should be coupled with sensitivity in behavior." (p.262). The family home is being evaluated, and providers may be particularly sensitive to assessment by the staff of government agencies.

Other methods of determining quality are also possible. For example, a checklist for both providers and parents could be developed based on indicators of quality care, such as the Canadian Child Day Care Federation's National Statement on Quality Child Care in 1991. Quality child care was defined as "the combination of good personal relationships between the provider and children and their parents, compliance with standards and a willingness to learn and grow" (p.16). Indicators of quality care are listed under a number of sub-headings, including the role

of the parent, the qualities of the provider, health and nutrition, safety, the learning environment, and group size. The guidelines are sometimes general; for example in the case of group size and ratio (i.e. it is suggested that the capacity should conform to the standards recommended by individual provinces). At other times, details are presented and these could serve as guidelines in developing standards.

Deregulation

Morgan (1980) had a final recommendation for governments that were unwilling to use licensing, registration, or accreditation: deregulation. Family day care, in practice, is often unregulated; and, the concern is that parents may be misled, believing quality can be assured through licensing when in reality there are problems with providing adequate monitoring and supervision (Sale, 1984). An analogy would be that some communities have chosen to discontinue the use of lifeguards at lakes because parents may be less vigilant in supervising their children if lifeguards are on duty. Community officials realized that the lifeguards were unable to ensure the safety of all children.

3. Respect for family life-styles in children's programming

One of the advantages of family day care over centre-based care has been the "individuation" that is possible through the diversity of family day care homes. (Emlen & Prescott, 1992). Parents may choose a particular home because it is similar to their own home and thus provides continuity between the two environments for the child (e.g. consistency in cultural beliefs or ethnic backgrounds). On the other hand, parents may choose a day care home to complement their own home (e.g. choosing a day care home with siblings for an only child, or an older provider for a younger single mother) (Emlen & Prescott, 1992).

Kisker, Hofferth, Phillips, & Farquahr, (1990; from Clarke-Stewart, 1993), in their study of child care settings, found that the main goal for three-quarters of the family day caregivers was to provide a "warm, loving environment". This emphasis on the nature of the environment is often reflected in descriptors of caregivers in statements on quality care (e.g. warm, nurturing, caring, loving). One of the issues that Modigliani (1990)

explored in her review of accreditation instruments goes to the heart of the difference between centre-based care and family day care: the provider style. Modigliani suggested there are two styles of family day care provider: one style of caregiving is to act as a "good teacher" while the other style of caregiving is that of a "good parent". This difference is the basis for the concern that regulation of family day care will lead to over-professionalization of the practice (Sale, 1984).

Modigliani questioned whether or not instruments used to assess family day care were able to adequately address this issue of provider style. The instruments were all based on methods of evaluation used for early childhood centres. Modigliani questioned "how might they have been different if they had been created for family child care from scratch" (p.17). Perhaps this dilemma is similar to the one faced by early childhood educators as they developed infant and toddler programs. The concept of developmentally appropriate practice (Bredecamp, 1990) arose out of the need to have programs that matched a child's developmental level. Practices that were used with preschoolers were not appropriate with toddlers. However, the program that was developed for toddlers could not just be a watered-down version of a preschool program, but, rather a program specific to the needs of toddlers. Should family day care be a preschool within a home or home-based care for children? Modigliani described some of the qualities of the "good parent" provider: the use of everyday routines to meet the needs of individual children; the ability to create a sense of being one happy family; and, most important, her "way with children"(p. 17). The challenge is to clearly identify these qualities in order to evaluate them within the context of the family day care.

Harms and Clifford (1989, from Independent Child Caregivers Association, 1990) suggested that the family day care, as a small business, needs to make adjustments in order to provide a service and that the provider must be "a more professional, more aware person" in meeting the needs of both the children and their parents (p. 151). In the NAEYC handbook on developmentally appropriate practice, it is suggested that early childhood educators tend to use "knowing in action"(Lay-Dopyera & Dopyera, 1987; from Bredecamp, 1990); that is

Behaviors are carried out almost automatically with little thought to them before or during their performance. These behaviors seem to be natural and we are unaware of where or when they were learned. Perhaps we saw others behaving in this way, noted that it worked, and adopted these strategies without understanding why (Bredecamp, 1990, p.85).

A different way of responding is through "reflecting in action" (Lay-Dopyera & Dopyera, 1987; from Bredecamp, 1990), which means "that one pays attention to what one is doing while doing it and thinks about how it is working"(Bredecamp, 1990, p.85). Perhaps family day care providers rely on "knowing in action" and their practices could be enhanced if both their strengths and their needs were identified through "reflecting in action".

Training

Howes and Sakai (1992) suggested that there may be discrepancies between the beliefs and behaviors of family day care providers. For example, Howes and Sakai cite a study by Eheart and Leavitt (1989) in which providers were interviewed about their activities and then observed. In the interview, the providers emphasized that they wanted to give the children a loving, home-like environment. In practice, however, the observers found both attentive and poor caregiving (e.g. threats of punishment, lack of guided play experiences). Howes and Sakai, in evaluating this study, noted that these same differences between beliefs and behavior could be found in a family home. The problem, however, is that "If a provider believes that the most important part of her job is to act like a good mother, then she is unlikely to seek or accept training."(p.121).

One way of designing training programs for providers is to consider the diversity that people bring to the role of provider. Wattenberg (1977, from Kontos, Machida, Griffin, & Read, 1992) offered a training program to 900 day care providers and she found that the providers could be divided into four groups:

1. Traditional: This caregiver does not see the need for training; however, a support network would be accepted.

2. Modern: The modern provider is interested in career development; therefore, accreditation is desirable.
3. Novice: The novice provider lacks commitment but would be interested in home-based training.
4. Transitional: This provider is willing to make a short-term commitment, which may move into long-term commitment to the field.

It would be interesting to see if Wattenberg's clusters would still be representative of day care providers twenty years later. For example, the "traditional" provider seems consistent with Howes & Sakai's (1992) observation that the provider who sees herself as a "good mother" will be less likely to seek training. The "modern" provider, however, might respond to the new career ladder programs that are offered at the college and university level.

The method of developing individualized training plans, as it is used in Alberta licensed family day care (1989), would seem to be an attempt to recognize this diversity in family day care providers. The individualized training plans include:

- pre-service training (e.g. first aid)
- in-service training (e.g. home visitor modelling; observation in a preschool)
- correspondence courses, classroom instruction, self-study
- group discussions, seminars, conferences
- information and resources (e.g. journals)
- in-home consultation

The individualized training plan is competency-based in that the home visitor reviews the provider's knowledge and skills and then, together with the provider, identifies areas needing further development and a plan for meeting those needs. Alberta Social Services also stresses the importance of including methods for acknowledging the providers; for example, providers could be awarded "certificates of service". Home visits are conducted at least once per month, at different times of the day, for approximately one hour. During the visits, the agent is able to check safety, provide individualized training, carry out administrative tasks,

observe the program in operation, and offer support (e.g. listening, problem-solving, or providing resources). The emphasis in this program seems to be on supporting the provider in a variety of ways.

A national study conducted in the United States identified the need for a career development system for early childhood education, including home-based care (Morgan, 1993). The key elements of the system include:

- systemic planning
- quality control for the profession
- progressive role-related, articulated training
- recognition and incentives
- financing

An example of a career development system is the Child and Youth Care Career and Educational Ladder (Pence & McCallum, 1994). The student begins with a 40 hour pre-professional Family Day Care Provider course. The second level is a 10 month para-professional Early Childhood Education certificate program. At the third level, the student spends 10 months working towards a diploma in Early Childhood Education. The third, fourth, and fifth levels are considered to be professional. At the fourth level, the student enters 3rd year university in Child and Youth Care. Finally, the student achieves the Baccalaureate degree in Child and Youth Care (p.113).

Specific training has been identified as an indicator for quality in family day care (Howes, 1983; Pence & Goelman, undated; Stuart & Pepper, 1988; from Doherty, 1991). Pence and Goelman (undated, from Doherty, 1991), in their study of child care provider characteristics and quality of care, found a significant difference in quality if the training was based on the skills needed to be a family day care provider, rather than attendance at a general child development course.

Specialized training is particularly important for those who care for children with special needs. Deiner (1992) recommended that the training should be practical and problem-focussed, and that skills in peer counselling should be included to encourage effective support networks. Home visits should be used to provide one-to-one training for supported

child care. Deiner felt that pre-service training would be less effective because providers would not find it relevant unless they had a child who needed specific supports. It could be argued, however, that a pre-service orientation to providing supported child care could act as incentive to accepting children with special needs. A program such as EC-SPEED (Early Childhood Special Education Program Design and Evaluation Guide) and the EC-SPEED Curriculum Guide could be used as a basis for training providers and developing inclusive environments.

SUMMARY

The purpose of this literature review was to provide a theoretical basis for the development and evaluation of standards for LNR family day care. The question, then, is: What are the essential elements of quality care?

The informed consent of parents seems to be an important aspect to consider in developing a registration and accreditation system. Parents may need support in learning how to monitor family day care; for example, knowledge of standards of care; skills in observation, communication, and problem-solving; and methods of lodging complaints and resolving disputes. A needs assessment could be done to determine the kinds of services that are needed. Morgan (1980) suggested that parents and providers could be involved in group meetings together, sponsored by community support services, to discuss family day care issues or participate in training programs.

An accreditation system for providers will help to educate the providers about standards of care and it may act as an incentive to increasing the quality of care (Modigliani, 1990; Deller, 1988). The method of regulation described as "enabling registration" (Morgan, 1980) seemed to include many of the essential elements of licensing, except for supervision. There was some compensation for the lack of supervision through the use of extensive support services. The quality of the day care home can be evaluated through the use of an instrument such as the Harms-Clifford Family Day Care Rating Scale (Clifford, Harms, Pepper, & Stuart, 1992). This instrument could be supplemented with the EC-SPEED to evaluate whether the environment would be inclusive for children with special needs.

And, finally, in considering the need to respect the family's life-style and the choice of family day care, it is important to determine the essential elements of the experience of family day care. Modigliani (1990) suggested that the provider's style is an area of research that could be explored. A closer look at the provider's qualities could help in designing training programs that build on the skills and abilities that providers

possess. An essential element in quality care is specific training (Pence & Goelman, undated; from Doherty, 1991).

This review has been limited by the lack of current research on accreditation programs for LNR care. Unregulated family day care continues, however, to be one of the most commonly used types of care (Peters & Pence, 1992). The challenge is to “reach and favorably influence” both the family day care providers, as Emlen and Prescott (1992) suggested, and the families that choose this type of care.

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Appendix I

Interview Schedule Chilliwack Child Care Support Program

I am working on a federal/provincial Strategic Initiative for Carol Ann Young Enterprises Ltd. in British Columbia. This initiative is to improve the accessibility, affordability and quality of child care services for children and families and to ensure a more responsive, effective, efficient and inclusive approach to child care. The Chilliwack Child Care Support Program has proposed a model of registration to test new ways of promoting quality in the license not required child care sector (care for up to two children other than the providers own children) through registration.

As part of the research, we have completed a literature review and are now interviewing a select group of key informants throughout the nation. I would like to take about 20 minutes of your time to ask you some questions relevant to this project.

1. What do you think are the key quality indicators for a child care arrangement whereby up to two children are cared for by a provider?

2. What are the key qualities you think parents look for when choosing child care?

3. What standards are a essential in registering a license not required child care provider?

4. What are the essential components of a good registration model from your perspective?
5. What tool(s) would you use to assess quality in a license not required arrangement?
6. What does informed choice mean to you?
7. How does informed choice occur?
8. Are you familiar with any parent and/or caregiver surveys that effectively access personal knowledge about quality child care? If so, what are they? Could you send me a copy of such a tool?

Appendix II

Key Informants

Arthur Emlen
Researcher
Regional Research Institute for Human Resources
Portland State University
Portland, Oregon

Lillian Katz
Researcher/Lecturer/Author
University of Illinois
Urbana, Illinois

Irene Kyle
Researcher/National Child Care Study
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Alan Pence
Professor/Researcher/Author
University of Victoria
School of Child and Youth Care
Victoria, British Columbia

June Pollard
Teaching Master/Researcher/Author
Ryerson Polytechnical Institute
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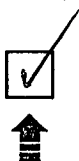
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